

that families who receive a diagnosis of Down Syndrome or any other condition, prenatally or up to a year after birth, receive information, referrals and support in a number of ways.

I first introduced the House companion bill in 2005. Research has indicated that when parents are confronted with a complex prenatal test result indicating their child may be born with a level of disability, they're not receiving comprehensive information regarding the accuracy of the test, nor are they receiving up-to-date information regarding life expectancy, developmental potential or quality of life of individuals with these disabilities.

Mothers of children born with Down Syndrome have reported that doctors did not tell them about the potential of people with Down Syndrome, nor did they feel like they received contact information for parent support groups. This is unfortunate, particularly in light of mothers reporting that the shortcomings were happening at an emotional time.

This Act will require health care providers who deliver a positive test diagnosis to also deliver referrals to key support services in the community, as well as up-to-date science-based information about the life expectancy, developmental potential and treatment options for individuals with prenatally diagnosable conditions. The accuracy and integrity of this information is of the utmost importance.

Patients would be provided with support through the Centers for Disease Control patient and provider outreach programs. A hot line and Web site for newly diagnosed patients would be established, and peer support groups and network would be formed to provide personal support.

My wife, Cheryl, has a sister living with Down Syndrome. I have witnessed firsthand what a wonderful and capable woman my sister-in-law has become. Tara Rae Warren completed her high school education, is financially independent, and lectures to students of special education on the challenges of the disability. Cheryl's family has always been there for her, and we have worked through the challenges by having a positive support structure.

My hope is that all families with diagnosed children can gain access to positive current information and the network of supportive families. Informed decision-making is better for everyone involved.

I urge my colleagues to join me in support of this important bill.

Mr. PALLONE. Madam Speaker, I have no further speakers, and I yield back the balance of my time and ask that everyone support this legislation.

Mr. DEAL of Georgia. Madam Speaker, I urge my colleagues to join us in taking this very first important step of dealing with the care and the quality of care for individuals who suffer from Down Syndrome and for their families. I urge the adoption of this legislation.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the Senate bill, S. 1810.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the Senate bill was passed.

A motion to reconsider was laid on the table.

POISON CENTER SUPPORT, ENHANCEMENT, AND AWARENESS ACT OF 2008

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the Senate bill (S. 2932) to amend the Public Health Service Act to reauthorize the poison center national toll-free number, national media campaign, and grant program to provide assistance for poison prevention, sustain the funding of poison centers, and enhance the public health of people of the United States.

The Clerk read the title of the Senate bill.

The text of the Senate bill is as follows:

S. 2932

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Poison Center Support, Enhancement, and Awareness Act of 2008".

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) Poison control centers are the primary defense of the United States against injury and deaths from poisoning. Twenty-four hours a day, the general public as well as health care practitioners contact their local poison control centers for help in diagnosing and treating victims of poisoning. In 2007, more than 4,000,000 calls were managed by poison control centers providing ready and direct access for all people of the United States, including many underserved populations in the United States, with vital emergency public health information and response.

(2) Poisoning is the second most common form of unintentional death in the United States. In any given year, there will be between 3,000,000 and 5,000,000 poison exposures. Sixty percent of these exposures will involve children under the age of 6 who are exposed to toxins in their home. Poisoning accounts for 285,000 hospitalizations, 1,200,000 days of acute hospital care, and more than 26,000 fatalities in 2005.

(3) In 2008, the Harvard Injury Control Research Center reported that poisonings from accidents and unknown circumstances more than tripled in rate since 1990. In 2005, the last year for which data are available, 26,858 people died from accidental or unknown poisonings. This represents an increase of 20,000 since 1990 and an increase of 2,400 between 2004 and 2005. Fatalities from poisoning are increasing in the United States in near epidemic proportions. The funding of programs to reverse this trend is needed now more than ever.

(4) In 2004, The Institute of Medicine of the National Academy of Sciences recommended that "Congress should amend the current Poison Control Center Enhancement and Awareness Act Amendments of 2003 to pro-

vide sufficient funding to support the proposed Poison Prevention and Control System with its national network of poison centers. Support for the core activities at the current level of service is estimated to require more than \$100 million annually."

(5) Sustaining the funding structure and increasing accessibility to poison control centers will promote the utilization of poison control centers and reduce the inappropriate use of emergency medical services and other more costly health care services. The 2004 Institute of Medicine Report to Congress determined that for every \$1 invested in the Nation's poison control centers \$7 of health care costs are saved. In 2005, direct Federal health care program savings totaled in excess of \$525,000,000 as the result of poison control center public health services.

(6) More than 30 percent of the cost savings and financial benefits of the Nation's network of poison control centers are realized annually by Federal health care programs (estimated to be more than \$1,000,000,000), yet Federal funding support (as demonstrated by the annual authorization of \$30,100,000 in Public Law 108-194) comprises less than 11 percent of the annual network expenditures of poison centers.

(7) Real-time data collected from the Nation's certified poison control centers can be an important source of information for the detection, monitoring, and response for contamination of the air, water, pharmaceutical, or food supply.

(8) In the event of a terrorist event, poison control centers will be relied upon as a critical source for accurate medical information and public health emergency response concerning the treatment of patients who have had an exposure to a chemical, radiological, or biological agent.

SEC. 3. REAUTHORIZATION OF POISON CONTROL CENTERS NATIONAL TOLL-FREE NUMBER.

Section 1271 of the Public Health Service Act (42 U.S.C. 300d-71) is amended to read as follows:

"SEC. 1271. MAINTENANCE OF THE NATIONAL TOLL-FREE NUMBER.

"(a) IN GENERAL.—The Secretary shall provide coordination and assistance to poison control centers for the establishment of a nationwide toll-free phone number, and the maintenance of such number, to be used to access such centers.

"(b) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated \$2,000,000 for fiscal year 2009 to carry out this section, and \$700,000 for each of fiscal years 2010 through 2014 for the maintenance of the nationwide toll free phone number under subsection (a)."

SEC. 4. REAUTHORIZATION OF NATIONWIDE MEDIA CAMPAIGN TO PROMOTE POISON CONTROL CENTER UTILIZATION.

(a) IN GENERAL.—Section 1272 of the Public Health Service Act (42 U.S.C. 300d-72) is amended to read as follows:

"SEC. 1272. NATIONWIDE MEDIA CAMPAIGN TO PROMOTE POISON CONTROL CENTER UTILIZATION.

"(a) IN GENERAL.—The Secretary shall carry out, and expand upon, a national media campaign to educate the public and health care providers about poison prevention and the availability of poison control center resources in local communities and to conduct advertising campaigns concerning the nationwide toll-free number established under section 1271(a).

"(b) CONTRACT WITH ENTITY.—The Secretary may carry out subsection (a) by entering into contracts with one or more public or private entities, including nationally recognized organizations in the field of poison control and national media firms, for the

development and implementation of a nationwide poison prevention and poison control center awareness campaign, which may include—

“(1) the development and distribution of poison prevention and poison control center awareness materials;

“(2) television, radio, Internet, and newspaper public service announcements; and

“(3) other activities to provide for public and professional awareness and education.

“(c) EVALUATION.—The Secretary shall—

“(1) establish baseline measures and benchmarks to quantitatively evaluate the impact of the nationwide media campaign carried out under this section; and

“(2) on an annual basis, prepare and submit to the appropriate committees of Congress, an evaluation of the nationwide media campaign.

“(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, such sums as may be necessary for fiscal year 2009, and \$800,000 for each of fiscal years 2010 through 2014.”.

(b) EFFECTIVE DATE.—The amendment made by this section shall be effective on the date of the enactment of this Act and shall apply to contracts entered into on or after January 1, 2009.

SEC. 5. REAUTHORIZATION OF THE POISON CONTROL CENTER GRANT PROGRAM.

(a) IN GENERAL.—Section 1273 of the Public Health Service Act (42 U.S.C. 300d-73) is amended to read as follows:

“SEC. 1273. MAINTENANCE OF THE POISON CONTROL CENTER GRANT PROGRAM.

“(a) AUTHORIZATION OF PROGRAM.—The Secretary shall award grants to poison control centers certified under subsection (c) (or granted a waiver under subsection (d)) and professional organizations in the field of poison control for the purposes of preventing, and providing treatment recommendations for, poisonings and complying with the operational requirements needed to sustain the certification of the center under subsection (c).

“(b) ADDITIONAL USES OF FUNDS.—In addition to the purposes described in subsection (a), a poison center or professional organization awarded a grant, contract, or cooperative agreement under such subsection may also use amounts received under such grant, contract, or cooperative agreement—

“(1) to establish and evaluate best practices in the United States for poison prevention, poison control center outreach, and emergency and preparedness programs;

“(2) to research, develop, implement, revise, and communicate standard patient management guidelines for commonly encountered toxic exposures;

“(3) to improve national toxic exposure surveillance by enhancing cooperative activities between poison control centers in the United States and the Centers for Disease Control and Prevention;

“(4) to develop, support, and enhance technology and capabilities of professional organizations in the field of poison control to collect national poisoning, toxic occurrence, and related public health data;

“(5) to develop initiatives to foster the enhanced public health utilization of national poison data collected by organizations described in paragraph (4);

“(6) to support and expand the toxicologic expertise within poison control centers; and

“(7) to improve the capacity of poison control centers to answer high volumes of calls and respond during times of national crisis or other public health emergencies.

“(c) CERTIFICATION.—Except as provided in subsection (d), the Secretary may award a grant to a poison control center under subsection (a) only if—

“(1) the center has been certified by a professional organization in the field of poison control, and the Secretary has approved the organization as having in effect standards for certification that reasonably provide for the protection of the public health with respect to poisoning; or

“(2) the center has been certified by a State government, and the Secretary has approved the State government as having in effect standards for certification that reasonably provide for the protection of the public health with respect to poisoning.

“(d) WAIVER OF CERTIFICATION REQUIREMENTS.—

“(1) IN GENERAL.—The Secretary may grant a waiver of the certification requirements of subsection (c) with respect to a noncertified poison control center that applies for a grant under this section if such center can reasonably demonstrate that the center will obtain such a certification within a reasonable period of time as determined appropriate by the Secretary.

“(2) RENEWAL.—The Secretary may renew a waiver under paragraph (1).

“(3) LIMITATION.—In no case may the sum of the number of years for a waiver under paragraph (1) and a renewal under paragraph (2) exceed 5 years. The preceding sentence shall take effect as of the date of the enactment of the Poison Center Support, Enhancement, and Awareness Act of 2008.

“(e) SUPPLEMENT NOT SUPPLANT.—Amounts made available to a poison control center under this section shall be used to supplement and not supplant other Federal, State or local funds provided for such center.

“(f) MAINTENANCE OF EFFORT.—A poison control center, in utilizing the proceeds of a grant under this section, shall maintain the expenditures of the center for activities of the center at a level that is not less than the level of expenditures maintained by the center for the fiscal year preceding the fiscal year for which the grant is received.

“(g) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, \$27,500,000 for fiscal year 2009, and \$28,600,000 for each of fiscal years 2010 through 2014. The Secretary may utilize not to exceed 8 percent of the amount appropriated under this preceding sentence in each fiscal year for coordination, dissemination, technical assistance, program evaluation, data activities, and other program administration functions that do not include grants, contracts, or cooperative agreements under subsections (a) and (b), which are determined by the Secretary to be appropriate for carrying out the program under this section.”.

(b) EFFECTIVE DATE.—The amendment made by this section shall be effective as of the date of the enactment of this Act and shall apply to grants made on or after January 1, 2009.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Nebraska (Mr. TERRY) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in strong support of S. 2932, the Poison Control Center Support Enhancement and Awareness Act sponsored by Senator PATTY MURRAY of Washington.

I also want to thank my colleagues on the Energy and Commerce Committee, Mr. TOWNS and Mr. TERRY, who have worked very hard on the House companion legislation which they have cosponsored.

Madam Speaker, Poison Control Centers are our Nation's primary defense against injury and deaths from poisoning. These centers are on call 24 hours a day to help providers and the public with possible exposures to poison.

In addition, poison centers provide essential follow-up care, professional health care provider education, nationwide data collection on poisoning, as well as a number of other services.

Madam Speaker, these centers are of tremendous value to our communities. The bill would provide our Nation's Poison Control Centers with the necessary funding to continue their important mission.

I urge my colleagues on both sides of the aisle to offer their support.

I reserve the balance of my time.

Mr. TERRY. Madam Speaker, I yield myself as much time as I may consume.

As the coauthor of the House version of the Poison Center Support Enhancement and Awareness Act, I rise in support of Senate 2932.

I'd also like to commend Senator MURRAY and my fellow coauthor, Congressman TOWNS, for their work on this bill.

The Poison Center Support Enhancement and Awareness Act of 2008 reauthorizes the Poison Control Center program for an additional 5 years. Poison Control Centers are medical facilities that provide immediate, free and expert treatment advice and assistance in case of exposure to poisonous or hazardous substances.

As a parent of a young child, in fact, three young children, I recognize how important it is to be able to have the entity like Poison Control Centers to call in times of distress. I'm glad to see that this program can continue offering its much needed services in our local communities.

Madam Speaker, I urge all of my colleagues to support this legislation.

I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I yield 2 minutes to the sponsor of the legislation, the gentleman from New York (Mr. TOWNS).

Mr. TOWNS. Thank you very much, Chairman PALLONE, and, of course, Congressman TERRY and Chairman DINGELL and Ranking Member BARTON and DEAL for their leadership on the Poison Control Center measure.

Congressman LEE TERRY and I introduced H.R. 5669, the Poison Center Support Enhancement and Awareness Act

of 2008, which passed by greater than 300 votes on the House floor. The Senate modified the measure slightly, and we now must pass the Senate version and quickly get it to the President.

I again ask my colleagues to vote in support of S. 2932. This bill saves many lives. Especially children and seniors have been saved by the Poison Control Centers. Therefore, I encourage my colleagues to support this life-saving amendment.

Mr. TERRY. Having no further speakers, Madam Speaker, I yield back the balance of our time.

Mr. PALLONE. Madam Speaker, I have no further requests. I urge support of the bill, and yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the Senate bill, S. 2932. The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. TERRY. Madam Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

The point of no quorum is considered withdrawn.

SUPPORTING THE GOALS AND IDEALS OF TAY-SACHS AWARENESS MONTH

Mr. PALLONE. Madam Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1333) supporting the goals and ideals of Tay-Sachs Awareness Month, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1333

Whereas Tay-Sachs disease is a rare, genetic disorder that causes destruction of nerve cells in the brain and spinal cord due to the poor functioning of an enzyme called beta-hexosaminidase A;

Whereas there is no proven treatment or cure for Tay-Sachs disease, which is always fatal in children;

Whereas the disorder was named after Warren Tay, an ophthalmologist from the United Kingdom, and Bernard Sachs, a neurologist from the United States, both of whom contributed to the discovery of the disease in 1881 and 1887, respectively;

Whereas Tay-Sachs disease often affects families with no prior history of the disease;

Whereas approximately 1 in 27 Ashkenazi Jews, 1 in 30 Louisianan Cajuns, 1 in 30 French Canadians, 1 in 50 Irish Americans, and 1 in every 250 people are carriers of Tay-Sachs disease;

Whereas approximately 1,200,000 Americans are carriers of Tay-Sachs disease;

Whereas unaffected carriers of the disease possess the recessive gene that can trigger the disease in future generations;

Whereas if both parents of a child are carriers of Tay-Sachs disease, there is a 1 in 4 chance that the child will develop Tay-Sachs disease;

Whereas a blood test can determine if an individual is a carrier of Tay-Sachs disease, and those citizens who are members of high-risk populations should consider being screened; and

Whereas heightened awareness and continued research efforts are the best ways to find a treatment for this horrific disease: Now, therefore, be it

Resolved, That the House of Representatives supports the goals and ideals of Tay-Sachs Awareness Month and encourages and supports education and research efforts with respect to Tay-Sachs disease.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Georgia (Mr. DEAL) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the resolution under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in support of H. Res. 1333, Supporting the Goals and Ideals of Tay-Sachs Awareness Month.

Tay-Sachs is a rare genetic disorder that causes destruction of nerve cells in the brain and spinal cord. It usually develops in infants and leads to blindness and paralysis before ultimately giving way to death. Unfortunately, there is presently no treatment or cure for this disease.

The resolution before us today supports education and continued research efforts to combat Tay-Sachs disease so that one day we may find a cure.

I want to thank my colleague, Representative ARCURI from New York, for his work in raising this important issue. I know this issue is close to his heart and I want to express my gratitude to him.

I urge my colleagues to support this important resolution.

I reserve the balance of my time.

Mr. DEAL of Georgia. Madam Speaker, I too rise in support of this legislation. Presently, there is no treatment for Tay-Sachs disease. But I would like to thank the National Institute of Neurological Disorders and Stroke for their efforts to reduce the burden of neurological disease. They are part of the National Institutes of Health, and they conduct research on this particular disease in laboratories at NIH, and also support additional research through grants to major medical institutions across the country.

It is important for us to understand and to become more aware of this particular problem, and that's what this

legislation seeks to do. I would urge its support.

I yield back the balance of my time. Mr. PALLONE. Madam Speaker, I yield 2 minutes to the gentleman from New York (Mr. ARCURI).

Mr. ARCURI. Madam Speaker, I rise today in strong support of House Resolution 1333, which recognizes this September 2008 as Tay-Sachs Disease Awareness Month. I am proud to cosponsor this resolution, and I commend my friend from Ohio, Senator BROWN, for spearheading a companion resolution in the Senate.

Tay-Sachs Disease is a progressive neurological disorder for which there is no treatment or cure. The most common form of it affects infants who appear healthy at birth and seem to develop normally at first; but at around 6 months, symptoms of the disease begin to appear. The baby gradually begins to regress, losing the ability to crawl, turn over, sit or reach out. Eventually, as paralysis sets in, the child becomes blind, deaf and unable to swallow. Tragically, few infants born with Tay-Sachs live past the age of 5.

This terrible disease appears most often in families with no prior history because the Tay-Sachs gene can be carried through many generations without being expressed. However, when two carriers of the gene become parents, there is a 1-in-4 chance that any child they have may be born with the disease.

While about 1.2 million Americans are carriers of the Tay-Sachs gene, certain populations are at much higher risk. About 1 in 30 American Jews, 1 in 50 Irish Americans is a carrier. French Canadians, Louisiana Cajuns, Pennsylvania Dutch are high risk populations, but all populations are at risk.

It's easy to reduce this terrible disease like Tay-Sachs to statistics, but there are real human stories behind these statistics that must not be overlooked. My wife's son, Joey Deon, was born a happy, healthy and all around pleasant baby. There was no warning he would be afflicted by this terrible disease. But at the age of 1 he began to show symptoms. His mother, like many other parents of children with Tay-Sachs, was forced to watch a once active, healthy baby slowly lose his bodily functions.

□ 1700

God came to claim his angel in his sleep one day before his 5th birthday. Thankfully, he did not suffer as many with this disease do suffer.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. PALLONE. I yield the gentleman an additional 2 minutes.

Mr. ARCURI. He did not suffer, but very often children afflicted with this disease suffer badly before death.

Madam Speaker, a simple blood test can identify carriers of the Tay-Sachs gene before they have children. But very few people, including those in high-risk populations, are aware of its